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Establishment Name: Taco Bell Mangilao

Permit Holder:

TB Guam, Inc.

Inspection Date:

12/4/17

Sanitary Permit No.: 170002889

Location: Lot 5378-1East-1R-New, Mangilao

Time 10:02 In:

Time 11:48

Establishment Type:

Restaurant Area Number: Phone Number:

734-001

Inspection Reason:

Out:

Regular

Grade:

Rating:

No. of Risk Factor/Intervention Violations:

Complaint

Yes Follow-up:

Risk category:

No. of Repeat Risk Factor/Intervention Violations:

0

Follow-up Date:

12/14/2017

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Select designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark 'X' in appropriate box for COS and/or R. IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection **R** = Repeat violation **PTS** = Demerit points

| Cor | mpliance | Status | cos | R | PTS |
|-----|----------|--|-----|---|-----|
| | | Supervision | | | |
| 1 | ln | Person in charge present, demonstrates knowledge, and performs duties | | | 6 |
| | | Employee Health | | | |
| 2 | In | Management awareness; policy present | | | 6 |
| 3 | ln | Proper use of reporting, restriction, and exclusion | | | 6 |
| | | Good Hygienic Practices | | | |
| 4 | In | Proper eating, tasting, drinking, betelnut, or tobacco use | | | 6 |
| 5 | In | No discharge from eyes, nose, and mouth | | | 6 |
| | | Preventing Contamination by Hands | | | |
| 6 | In | Hands clean and properly washed | | | 6 |
| 7 | In | No bare hand contact with ready-to-ea foods or approved alternate method properly followed | t | | 6 |
| 8 | Out | Adequate handwashing facilities supplied and accessible | N | N | 6 |
| | | Approved Source | | | |
| 9 | In | Food obtained from approved source | | | 6 |
| 10 | N/O | Food received at proper temperature | | | 6 |
| 11 | ln | Food in good condition, safe, and unadulterated | | | 6 |
| 12 | N/A | Required records available: shellstock tags, parasite destruction | | | 6 |
| | | Protection from Contamination | | | |
| 13 | IN | Food separated and protected | | | 6 |
| 14 | IN | Food contact surfaces: cleaned and | | | 6 |

| Co | mpliance | Status | cos | R | PTS | | |
|--------------------------------------|---|---|-----|---|-----|--|--|
| | | Potentially Hazardous Food (TCS Food |) | | | | |
| 16 | N/O | Proper cooking time and temperatures | | | 6 | | |
| 17 | N/O | Proper reheating procedures for hot | | | 6 | | |
| 18 | N/O | Proper cooling time and temperatures | | | 6 | | |
| 19 | ln | Proper hot holding temperatures | | | 6 | | |
| 20 | IN | Proper cold holding temperatures | | | 6 | | |
| 21 | ln | Proper date marking and disposition | | | 6 | | |
| | | Consumer Advisory | | | | | |
| 22 | NA | Consumer Advisory provided for raw or undercooked foods | | | 6 | | |
| | | Highly Susceptible Populations | | | | | |
| 23 | NA | Pasteurized foods used; prohibited foods not offered | | | 6 | | |
| | | Chemical | | | | | |
| 24 | NA | Food additives: approved and properly used | | | 6 | | |
| 25 | ln | Toxic substances properly identified, stored, used | | | 6 | | |
| Conformance with Approved Procedures | | | | | | | |
| 26 | NA | Compliance with variance, specialized process, and HACCP plan | | | 6 | | |
| Ris | Risk Factors are improper practices or procedures identified as the | | | | | | |

Person in Charge Vincyanna Lerngailug

DEH Inspector

Leilani Navarro

Henzahoate: Lukan hewan

12/4/2017

(Print and Sign)

12/4/2017

Secondary Inspector:











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| 14 | IIN | sanitized | | 6 | ĺ |
|----|-----|---|--|---|---|
| 15 | | Proper disposition of returned, previously served, reconditioned, and unsafe food | | 6 | |

Risk Factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods. Mark box if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit

| Coı | npliance Status | cos | R | PTS |
|-----|---|-----|---|-----|
| | Safe Food and Water | | | |
| 27 | Pasteurized eggs used where required | | | 1 |
| 28 | Water and ice from approved source | | | 2 |
| 29 | Variance obtained for specialized processing methods | | | 1 |
| | Food Temperature Control | | | |
| 30 | Proper cooling methods used; adequate equipment for temperature control | | | 1 |
| 31 | Plant food properly cooked for hot holding | | | 1 |
| 32 | Approved thawing methods used | | | 1 |
| 33 | Thermometer provided and accurate | | | 1 |
| | Food Identification | | | |
| 34 | Food properly labeled; original container | | | 1 |
| | Prevention of Food Contamination | | | |
| 35 | Insects, rodents, and animals not present | | | 2 |
| 36 | Contamination prevented during food preparation, storage & display | | | 1 |
| 37 | Personal cleanliness | | | 1 |
| 38 | Wiping cloths: properly used and stored | | | 1 |
| 39 | Washing fruits and vegetables | | | 1 |

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

| nto | incoted on | site during inspection \mathbf{R} = Repeat violation \mathbf{I} | 10 – L | CITIC | 111 |
|-----|------------|---|--------|-------|-----|
| Cor | mpliance | Status | cos | R | PTS |
| | | Proper Use of Utensils | | | |
| 40 | | In-use utensils: properly stored | | | 1 |
| 41 | | Utensils, equipment and linens: properly stored, dried, handled | | | 1 |
| 42 | | Single-use/single-service articles: properly stored, used | | | 1 |
| 43 | | Gloves used properly | | | 1 |
| | | Utensils, Equipment and Vending | | | |
| 44 | | Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used | | | 1 |
| 45 | | Warewashing facilities: installed, maintained, used; test strips | | | 1 |
| 46 | | Nonfood-contact surfaces clean | | | 1 |
| | | Physical Facilities | | | |
| 47 | | Hot & cold water available, adequate pressure | | | 2 |
| 48 | | Plumbing installed; proper backflow devices | | | 2 |
| 49 | | Sewage and wastewater properly disposed | | | 2 |
| 50 | | Toilet facilities: properly constructed, supplied, & cleaned | | | 2 |
| 51 | | Garbage/refuse properly disposed; facilities maintained | | | 2 |
| 52 | Out | Physical facilities installed, maintained, and clean | N | N | 1 |
| 53 | | Adequate ventilation and lighting; designated areas use | | | 1 |
| | | Documents and Placards | | | |
| 54 | | Sanitary Permit, Health Certificates | | | 2 |

TEMPERATURE ORSERVATIONS

| TEMILENATIONS | | | |
|---------------------------------|------------------|---------------|---------------|
| Item/Location | Temperature (oF) | Item/Location | Temperature (|
| Cut tomatoes / reach-in chiller | 38.5 | | |
| Naked chicken / warmer | 145.5 | | |
| Ground beef / warmer | 145.5 | | |

Person in Charge Vincyanna Lerngailug

DEH Inspector (Print and Sign)

Leilani Navarro

Henzahoate: Mkan hewan

12/4/2017

12/4/2017

Secondary Inspector:



of

Imminent Healt Hazard



Establishment Name: Taco Bell Mangilao Permit Holder: TB Guam, Inc.

Sanitary Permit No.: 170002889 **Inspection Date:** 12/4/17

Location: Lot 5378-1East-1R-New, Mangilao

| Diced chicken / warmer | 165.0 | |
|--------------------------------------|-------|--|
| Cut tomatoes / upright chiller | 40.5 | |
| Ground beef / warmer next to chiller | 150.0 | |
| Cut tomatoes / walk-in chiller | 37.5 | |
| | | |
| | | |
| | | |

| ITEM NO. | OBSERVATIONS AND CORRECTIVE ACTIONS | BY DATE |
|----------|--|-----------------------|
| | A regular inspection was conducted today in response to Complaint #17-005B regarding roaches in a bag of food. No evidence was found to support the complaint during this inspection. The previous inspection conducted on 09/21/2015 was not rated. The following violations were observed today: | |
| 8 | Water for the handwashing sinks next to the drive-through counter and the area leading to the three-compartment sink was not properly tempered (i.e., water was too hot, temperature was measured to be between 115-126F). Water in handwashing facilities shall be properly tempered through a mixing valve or combination faucet to promote regular handwashing and prevent scalding. | 12/14/20 ⁻ |
| 52 | Presence of food debris and trash found under the double warmer next to the drive-through counter. Physical facilities shall be kept clean to prevent harborage of pests. | 1/3/2017 |
| | Pictures of violations were taken. PIC provided twice monthly service receipts from pest control company (see attached). Retrieved "A" Placard No. 01193. Posted "A" Placard No. 02488. DIscussed this report with PIC, Vincyanna Lerngailug. | |

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply m result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request hearing must be submitted to the Director within the period of time established in the notice for corrections.

| ITEM NO. | OBSERVATIONS AND CORRECTIVE ACTIONS | CORRECT BY DATE |
|----------|-------------------------------------|--------------------|
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Person in Charge Vincyanna Lerngailug

Leilani Navarro

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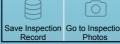
12/4/2017

DEH Inspector (Print and Sign)

12/4/2017

Secondary Inspector:







Imminent Heal Hazard

TB Guam, Inc.



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12/4/17

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| | OBSERVATIONS AND CORRECTIVE ACTIONS |

Person in Charge Vincyanna Lerngailug

DEH Inspector Leilani Navarro flygohoate: likan hewan

12/4/2017

(Print and Sign)

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Secondary Inspector:



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Imminent Healt Hazard



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Person in Charge Vincyanna Lerngailug

DEH Inspector Leilani Navarro (Print and Sign)

flygohoate: likan hewan

12/4/2017

12/4/2017

Secondary Inspector:



Inspector:

Tertiary Inspector:

Department of Public Health and Social Services Division of Environmental Health Food Establishment Inspection Report

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Imminent Health Hazard

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